Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

The decision to have your child evaluated for services is very difficult and can feel overwhelming at times. Please, let me help you to make sense of the process. You will be signing a Consent form that authorizes CEO-Head Start (specifically myself) to send a written request to your home school district for an evaluation. Once the district receives this letter they will be sending you a packet of information that your Family Advocate can help you complete, should you need assistance. Included in this packet is information on your rights as a parent through the process. Family Advocates also have copies as well if you any questions. You can also access it on the web: <https://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>.

At this point you will choose a provider to complete the developmental evaluation. After completing the packet sent to you return the completed forms to your school district. The program chosen to do the evaluation will contact you to schedule a time and place for the evaluation. A team of professionals will then come to your home or visit your child on-site. During the evaluation they are looking at certain areas of your child’s development such as:

* Cognitive (the child’s learning style)
* Self- help skills (how the child can adapt to his surroundings and what they can do for themselves)
* Social/emotional (how the child interacts with those around them)
* Fine motor (how the child uses their small muscles, pre-writing, puzzles)
* Gross motor (how the child uses their large muscles running, jumping)
* Receptive Language (what a child understands)
* Expressive Language (how a child expresses themselves)
* Pragmatic Language- (how the child puts words together)

Then the evaluation team will write a report that outlines their findings and will include recommendations if there are any for your child. Once the report has been completed the evaluation team will then mail copies of the evaluation report to the appropriate places. The CPSE (Committee on Pre-school Special Education) meeting will be scheduled with your school district to discuss any services that are needed to help in the classroom setting. It is very important that as your child’s advocate you attend this meeting. You are supported during the meeting by the Special Services Manager, Family Advocate and your child’s classroom teacher. The evaluating team will also be at the meeting to go over the results. Decisions that are made regarding services will be developed into an IEP (Individualized Education Plan). This is a plan is designed to set goals to enhance your child’s development. If you have any questions or concerns along the way feel free to call me at 272-6012 ext.220.

Sincerely,

Christina O’Brien

Christina O’Brien

Preschool/Disabilities Specialist

**CPSE Referral**

Dear\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CPSE, Chairperson

I am writing to request that my child receive an evaluation through the Committee on Pre-School Special Education. My child is enrolled in CEO’s Rensselaer County Head Start program. There are concerns with his/her development. Specifically my reason(s) for concern are:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for the exchange of information to be shared both the written and verbal between the CEO-Early Childhood Services and the designated agencies above. (This includes evaluations, IEP’s and invitations to CPSE meetings that are held.)

CEO-Head Start Contact Person: Christina O’Brien

 Preschool/Disabilities Specialist

 CEO – Early Childhood Services

 2328 Fifth Avenue

 Troy, NY 12180

 clobrien@ceoempowers.org

 Tel. # 272-6012, Ext. 220

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent(s)/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***IMPORTANT - you must register your child with the school district for the referral process to move forward.***

**Consent to Release Information**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for Christina O’Brien,

 (Parent/Guardian’s Name)

 Special Services Manager, to obtain information regarding my child,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Information may be obtained from

 (Child’s Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and may include (please initial below):

 (Service Provider/ School District)

\_\_\_\_\_\_\_\_\_\_ Child’s IFSP/IEP

\_\_\_\_\_\_\_\_\_\_Information to Early Head Start/Head Start Staff

\_\_\_\_\_\_\_\_\_\_Obtain Therapy Notes

\_\_\_\_\_\_\_\_\_\_Release Child’s Evaluation

Please mail or fax a copy to:

Christina O’Brien

Preschool/Disabilities Specialist

2328 5th Ave

Troy, NY 12180

W: (518) 272-6012 ext. 220

clobrien@ceoempowers.org

**This consent is valid from the date of signature; unless I notify a CEO staff member in writing that I no longer want this consent to be active. Effective until August 2024.**

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_